



District of Columbia Court of Appeals  
 Committee on Admissions  
 430 E Street N.W. Room 123  
 Washington, D.C., 20001

**Request for District of Columbia Bar Examination**  
**Testing Accommodations**

Phone: (202) 879-2710  
 Email: dcaccommodations@dcappeals.gov

**APPLICANT REQUEST FORM**

GENERAL INFORMATION:

1. Bar Examination Test Date: \_\_\_\_\_ (month/year)
2. Full Name \_\_\_\_\_ (first/middle/last):
3. NCBE Number: N \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Daytime Telephone: \_\_\_\_\_
6. Email: \_\_\_\_\_
7. Mailing Address:  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_

District of Columbia Bar Exam History:

1. Have you previously taken the District of Columbia Bar Exam?  
 Yes                      No  
 If yes, list all test dates (month/year). \_\_\_\_\_

2. Have you previously requested test accommodations for the District of Columbia Bar Exam?

Yes                      No

If yes, list all test dates (month/year) for which you requested accommodations and state whether your request was granted.

**INFORMATION ABOUT YOUR DISABILITY**

1. Mark an "X" beside your disability or disabilities and list the specific diagnosis:

- \_\_\_\_\_ ADHD:
- \_\_\_\_\_ Learning disorder:
- \_\_\_\_\_ Psychological:

- \_\_\_\_\_ Chronic health condition:
- \_\_\_\_\_ Physical:
- \_\_\_\_\_ Visual:
- \_\_\_\_\_ Hearing:
- \_\_\_\_\_ Other:

3. List the month and year when each disability was first diagnosed.
  
4. Describe your current functional limitations and how those limitations will affect your ability to take the bar examination.
  
  
  
  
  
  
  
  
  
  
5. Describe all treatment, medication, devices, auxiliary aids, or strategies you ordinarily use to ameliorate the functional impact of your disability or disabilities and the effectiveness thereof, or list “none.”

### ACCOMMODATIONS REQUESTED

The D.C. Bar Exam is a two-day, twelve-hour hour timed examination that consists of three different types of tests. The Multistate Essay Examination (MEE) and the Multistate Performance Test (MPT), and the Multistate Bar Examination (MBE). The February exam will be administered remotely by computer. Applicants will provide their own computers, internet access, and will take the exam in a location of their own choosing.

Please see the General Information Regarding Accommodations for additional information regarding the schedule for the exam.

Please see exam instructions for additional information about the exam.

Prescription medication, glucose monitors, ergonomic devices, standing desks, and other medical devices are permitted at the exam. Additionally, equipment for non-ADA conditions (e.g. breast pumps) are permitted.

Mark an “X” below to indicate the accommodations you are requesting.

1. EXTENDED TESTING TIME (CHECK ONE):

- 25% extended testing time (extra 45 minutes)
- 50% extended testing time (extra 90 minutes)
- 100% extended testing time (extra 180 minutes)
- Other amount (specify other amount):

2. SUPERVISED BREAKS (NOT COUNTED IN TESTING TIME):

Breaks (describe duration and frequency):

3. TEST FORMAT/ACCESSIBILITY:

- Large-print test book and answer sheet (select font size: 18-point font; or 24-point font)
- Braille Audio CD
- Auxiliary aid (describe auxiliary aid):
- Reader
- Record answers in test booklet (multiple choice only)
- Scribe to complete answer sheet
- Wheelchair accessible table (specify height):

4. OTHER ACCOMMODATION NOT LISTED ABOVE (DESCRIBE):

YOUR ACCOMMODATIONS HISTORY

For questions 1 through 5 below, please follow these instructions: If you were granted accommodations, check “Granted” and briefly describe the accommodations provided. (Note: **You must provide verifying documentation of all accommodations.**) If you did not request accommodations, check “Not Requested” and explain why you did not request accommodations. If you were denied accommodations, check “Denied” and list the reason(s) given by the entity for the denial. If you did not attend the type of school listed or did not take the exam listed, check “N/A.”

1. Were you granted accommodations for the bar examination?

- Granted
- Not Requested
- Denied
- N/A

Explanation:

2. Were you granted accommodations in law school?

- Granted
- Not Requested
- Denied
- N/A

Explanation:

3. Were you granted accommodations in college (undergraduate or graduate studies)?

- Granted
- Not Requested
- Denied

N/A  
Explanation:

4. Were you granted accommodations or disabled-student services in elementary or secondary school, including but not limited to accommodations or services provided under an Individualized Education Plan (IEP) or a 504 Plan?

Granted  
 Not  
 Requested  
 Denied  
 N/A  
Explanation:

5. Were you granted accommodations for any of the following standardized tests:

LSAT:  
 Granted  
 Not Requested  
 Denied  
 N/A

MPRE:  
 Granted  
 Not Requested  
 Denied  
 N/A

GRE:  
 Granted  
 Not Requested  
 Denied  
 N/A

GMAT:  
 Granted  
 Not Requested  
 Denied  
 N/A

SAT:  
 Granted  
 Not Requested  
 Denied  
 N/A

ACT:  
 Granted  
 Not Requested  
 Denied  
 N/A

Explanation:

6. Do you have any accommodation requests pending with other entities (e.g., the bar exam)?

Yes

No  
If yes, list each entity, the accommodations you requested, and the date that you submitted your request.

**ACADEMIC HISTORY**

1. List your postsecondary educational history, including all colleges, universities, law schools, and other graduate or professional schools you have attended. State the dates of attendance and degree(s) earned.

**OPTIONAL PERSONAL STATEMENT**

If there is anything else you would like the Committee to know about your disability and need for accommodations, you may attach a personal narrative. Include your name and NCBE number on every page.

**CERTIFICATION AND AUTHORIZATION**

The information I have provided in support of my request for test accommodations is true and complete. I understand that if the Committee determines that I, or a third party on my behalf, submitted as part of this request any information or documentation that is false, inaccurate, or intentionally misleading, the Committee reserves the right to cancel my bar exam score. I authorize the Committee to contact all educational institutions and/or testing agencies that have provided me with test accommodations and/or are considering a pending application for test accommodations to clarify the accommodation(s) that have been or will be granted or denied.

I understand that both my request for test accommodations and all supporting documentation may be submitted for evaluation to one or more qualified professionals retained by the Committee, and I authorize such disclosure. I understand that all necessary documentation and information must be received by the Office of Admissions by the deadline in order for my request for test accommodations to be considered.

Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**Electronic Signature is acceptable**

If you are unable to sign this form, please have someone sign and date it in your presence:

\_\_\_\_\_  
Individual's signature: